PART B - FEE(S) TRANSMITTAL

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Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 7590 09/17/2008 58467 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Robert C. Kowert MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C P.O. BOX 398 AUSTIN, TX 78767-0398 (Depositor's name) (Signature) (Date) CONFIRMATION NO APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. 8981 5681-33700 Mike E. Little 10/691,894 10/23/2003 TITLE OF INVENTION: DATE DUE ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE SMALL ENTITY APPLN. TYPE \$0 \$1510 12/17/2008 NO \$1510 nonprovisional CLASS-SUBCLASS **EXAMINER** ART UNIT 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 Robert C. Kowert (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence or agents OR, alternatively, Address form PTO/SB/122) attached. 2 Meyertons, Hood, Kivlin, ____ (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Kowert & Goetzel, P.C. listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11: Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Santa Clara, CA Sun Microsystems, Inc. Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🗹 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: A check is enclosed. Issue Fee Payment by credit card. Form PTO-2038 is attached. ☐ Publication Fee (No small entity discount permitted) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any Advance Order - # of Copies (enclose an extra copy of this form). overpayment, to Deposit Account Number 501505 5. Change in Entity Status (from status indicated above) ☐ a. 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